

Name
in
Full

CERTIFICATE OF DEATH

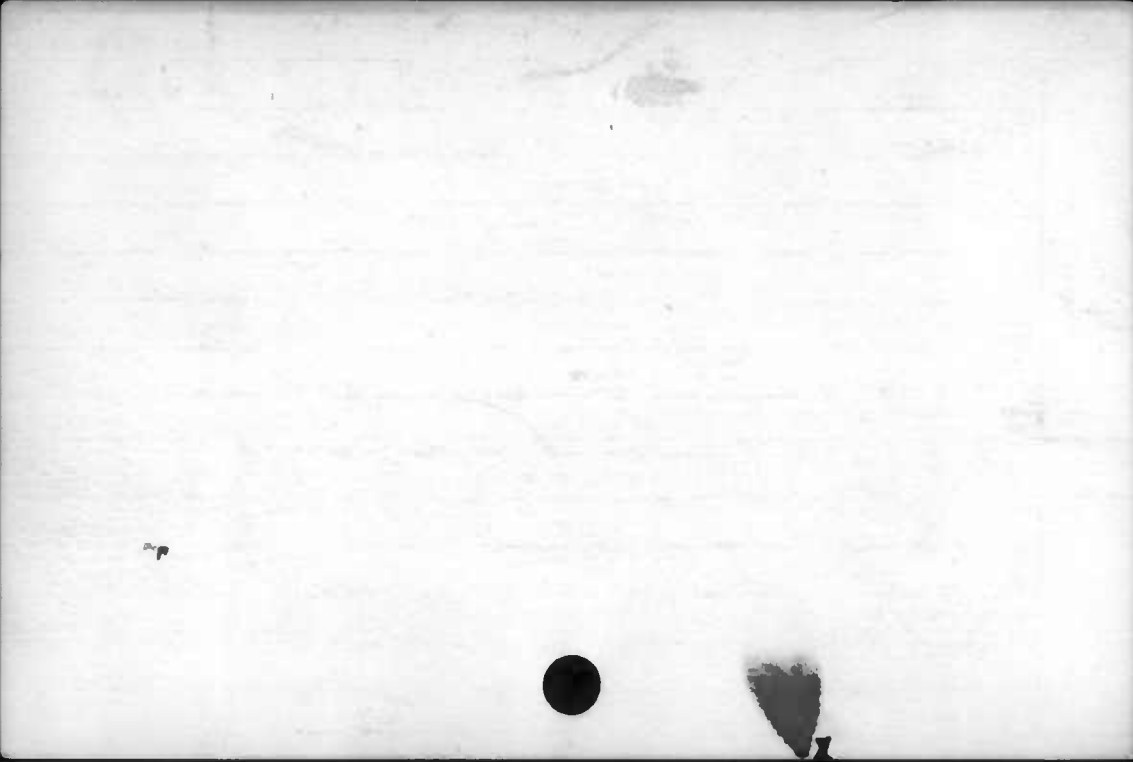
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rev. George Francis Beaver</i>		Town <i>Hillstons</i>		County <i>Coroline</i>		MARYLAND	
Died at <i>Hillstons</i>		Month <i>January</i>		Day <i>10th</i>		Years <i>84</i>	
Date of death <i>1909</i>		Months <i>2</i>		Days <i>26</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Minister P.E.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Anna DeR. Beaver</i>					
Father's Name <i>John Beaver</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Mrs. Ann Adams (Payett)</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving Information <i>George H. Beaver</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis acute +</i>	How long <i>Four weeks</i>
Immediate	<i>Acute Prostatitis</i>	How long <i>Five days</i>
Are the name, age, sex, color and place correctly given above <i>Yes</i>	Signature of Physician <i>Robert Hackett</i>	Address <i>Queen Anne Maryland</i>
Accident or Suicide		



Name
in
Full

Child died before it was named Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely, R.R. No. 2,</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>31</i>	Age	Years	Months	Days	<i>14</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ridgely, R.R. No. 2, Md.</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm Ernest Blake</i>				Father's Birthplace <i>Centreville, Md.</i>			
Mother's Marden Name <i>Elnora Fisher</i>				Mother's Birthplace <i>Ruthsburg, Md.</i>			
Name of person giving information <i>Wm Ernest Blake</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

38

PHYSICIAN
OR CORONER

Primary <i>Ophthalmia Neonatorum</i>	How long <i>14 days</i>
Immediate <i>Refused to take nourishment for</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Fenby</i>
	Address <i>Centreville, R.R. No. 4, Queen Anne Co., Md.</i>
Accident or Suicide?	



Name
in
Full

Robert Dorsey Russell Butten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town near Preston County Caroline **MARYLAND**

Died at near Preston

Date of death 1909 Month June Day 17 Age — Years — Months — Days 21

Sex male Color or Race Black Birth-place Near Preston

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

9

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

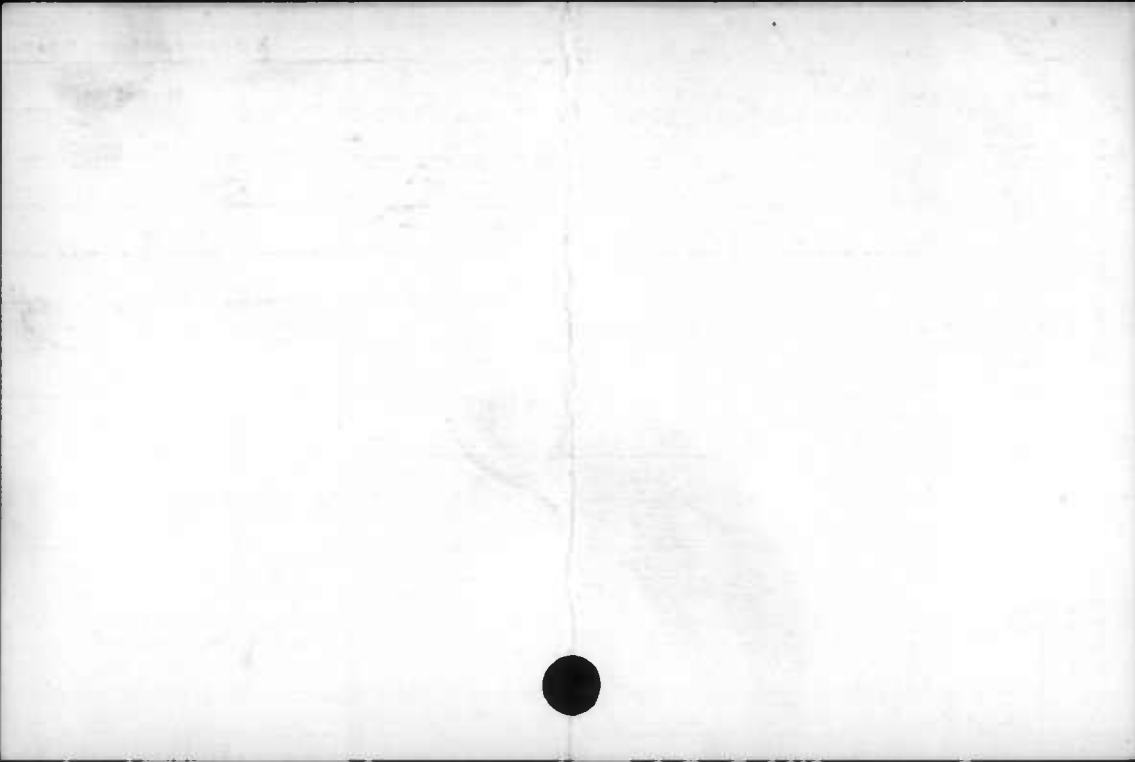
Died at <i>Federalburg</i>		Town <i>Cephus</i>		County <i>Baroline</i>		MARYLAND	
Date of death	1909	Month	Jan.	Day	29	Age	2
Sex	Female		Color or Race	Black		Months	5-
Occupation	Child		Birth-place	Federalburg			
Married, Single or Widowed			Where Residing if not at place of death				
Child			Name of Wife or Husband				
Father's Name			Unknown.		Father's Birthplace		
Mother's Maiden Name			Mary E. Cephus		Mother's Birthplace		
Name of person giving Information			Lavin Cephus.		How related to deceased		
					Grand Father		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phtthisis Pulmonalis</i>		How long	<i>2 months.</i>	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	
				<i>F. T. Brooks</i>	
				Address	
				<i>Federalburg</i>	
				<i>Ms.</i>	
Accident or Suicide					



Name
in
Full

Bessie Deane

CERTIFICATE OF DEATH

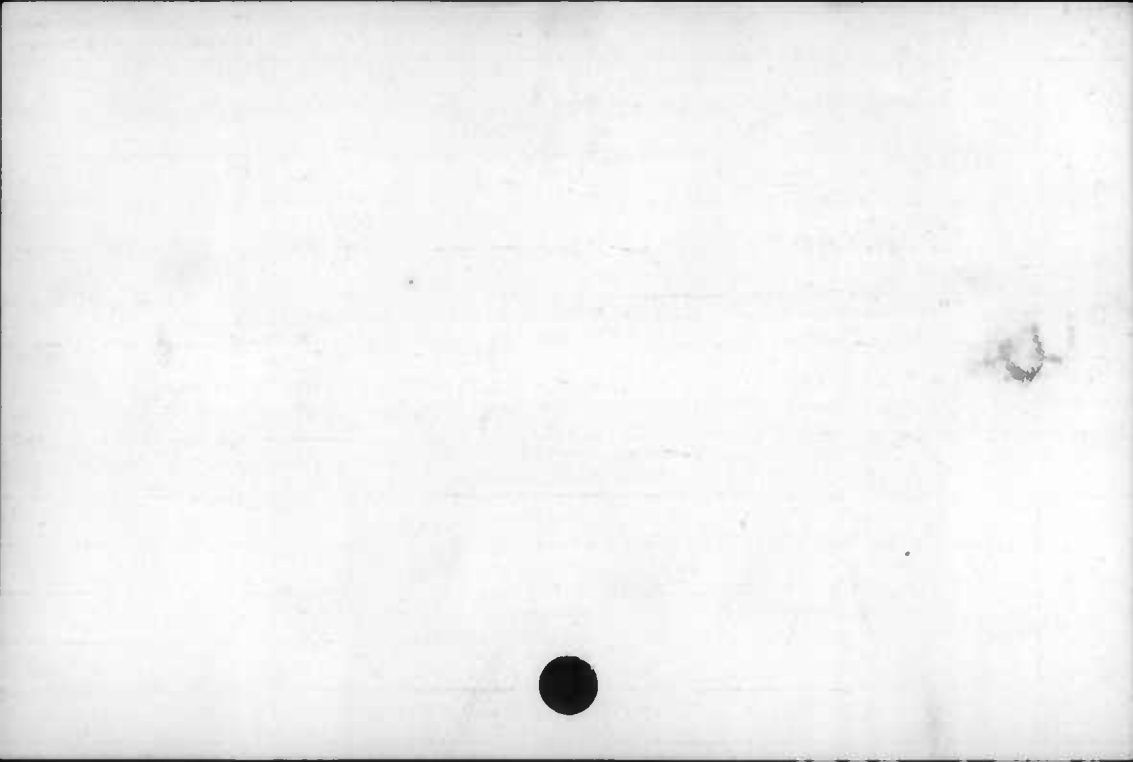
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Preston</i>		Town <i>Preston</i>		County <i>Harold</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>3</i>	Age	<i>13</i>	Years	Months
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Wd</i>
Occupation	<i>Laundry</i>			Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>				
Father's Name	<i>Thomas Deane</i>					Father's Birthplace	<i>Wd</i>
Mother's Maiden Name	<i>Mary Lezzie Butler</i>					Mother's Birthplace	<i>Wd</i>
Name of person giving information	<i>Thos Deane</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Pneumonia Pulmonary T.B.</i>	How long	<i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Brown</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elmer C. Emory

Town

County

MARYLAND

Died at Denton

Caroline

Date

of death 1909

Month

1

Day

5 -

Age

Years

30

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Lumber

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rachel Emmerson

Father's
Name

Not known

Father's
Birthplace

Md

Mother's
Maiden Name

Not known

Mother's
Birthplace

Md

Name of person giving
Information

J. W. Saterfield

How related
to deceased

Employee

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

P. R. Fisher

Address

Denton

Accident or Suicide

No



Name
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Mary Gould

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month}	<i>12</i> ^{Day}	Age <i>61</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Negress</i>		Birth-place <i>Caroline Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alex Gould</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Alex Gould</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>5 Months</i>
Immediate <i>Cardiac failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide? <i>neither</i>	



Name
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Eliza Norris

CERTIFICATE OF DEATH

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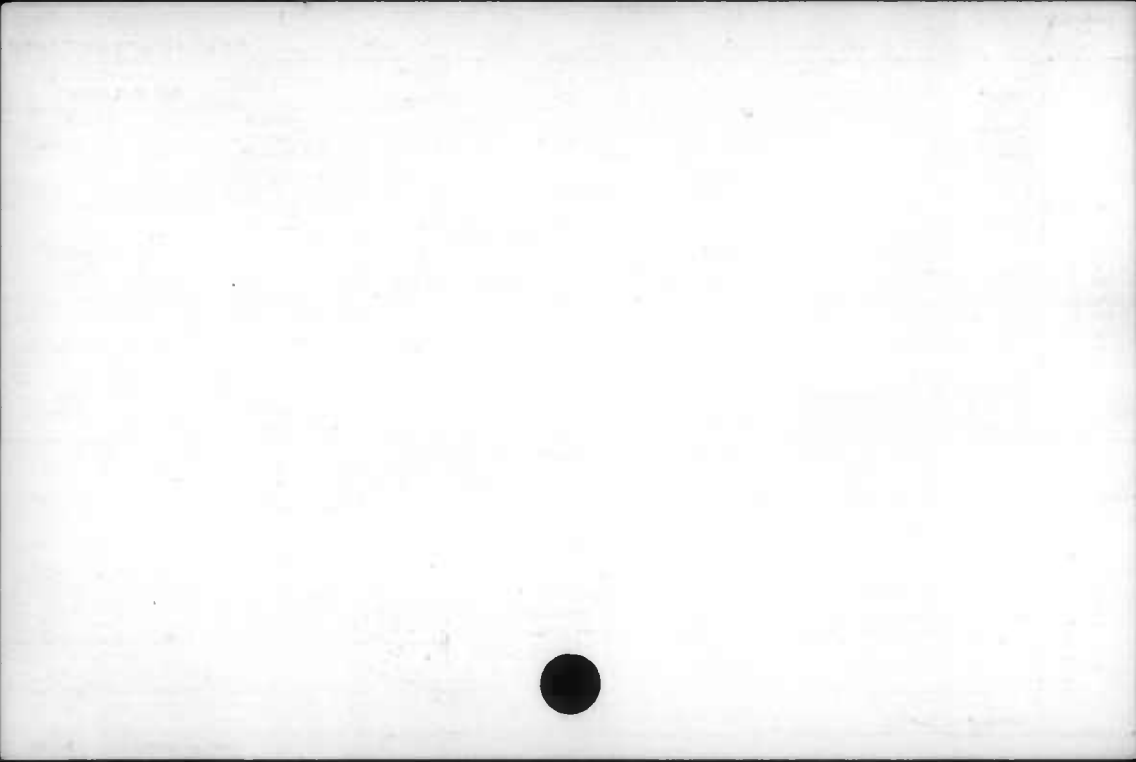
Died at <i>Orlean</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 190 <i>9</i>	Month <i>1</i>	Day <i>27</i>	Age <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel S Norris</i>				
Father's Name <i>William Isaac Bailey</i>	Father's Birthplace <i>Dan. Tenn</i>				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Dont know</i>				
Name of person giving Information <i>W. I. Norris</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Heart Failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>J. M. Nichols</i>
	Address <i>Denton Md</i>
Accident or Suicide	



Name
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Ed Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

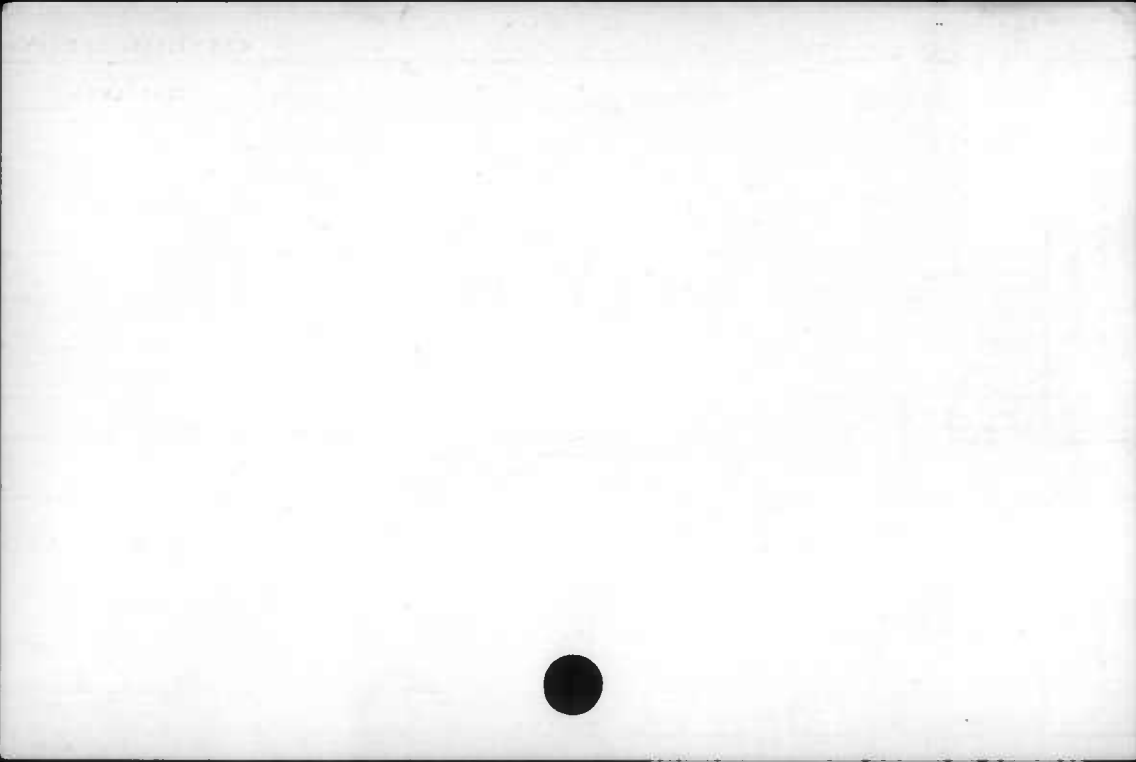
Died at <i>Oron</i> Town		<i>Oron</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>19</i>	Age <i>40</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Oron</i>		
Occupation <i>Hard cutter</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Don't know</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving Information <i>James G. Geyer</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

178
How long

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long
Immediate <i>Oron / sudden in Oron</i>	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>J. H. Nichols</i>
	Address <i>Oron Md</i>
Accident or Suicide	



Name
in
Full

Charles L. Pipkin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Maryland ^{County} Caroline

Date of death 1909 Jan 10 Age 24 Months Days

Sex male Color or Race white Birthplace Maryland

Occupation Undertaker Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Single

Father's Name James L. Pipkin Father's Birthplace Maryland

Mother's Maiden Name Mahalie Parvin Mother's Birthplace Maryland

Name of person giving information How related to deceased

Jury's verdict: accidentally poisoned.

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

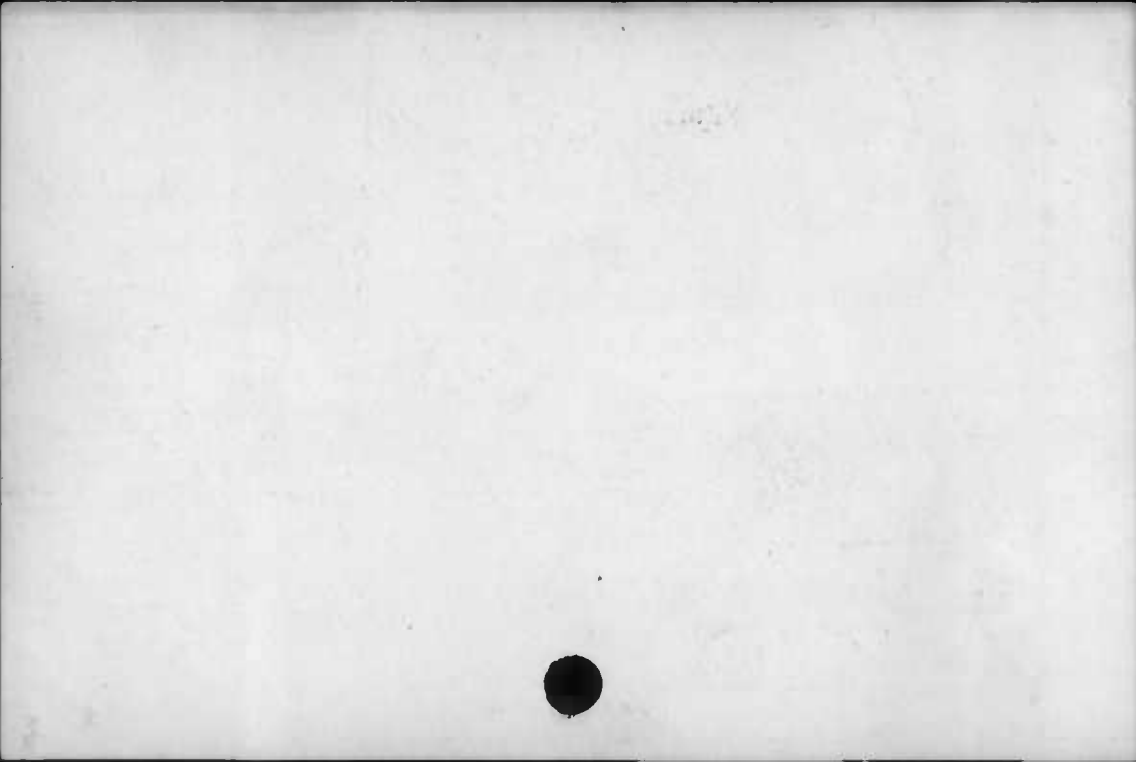
Primary From Poison unknown How long 9 days

Contents of bottle analyzed by State Chemist.

Are the name, age, sex, color, date and place correctly given above? State Chemist Signature of Physician William G. Smith Coroner

Address Maryland

Accident of mercury?



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at

Town *Russ*

County

Carroll

MARYLAND

Date

of death

190

9

Month

January

Day

24

Age

Years

Months

4

Days

-

Sex

*Male*Color or
Race*Colored*Birth-
place*Dublin Md*

Occupation

*Signal*Where Residing if not
at place of death*Dublin Md*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*Earl E. Carey*Father's
Birthplace*Maryland*Mother's
Maiden Name*Ida Ross*Mother's
Birthplace*Brother*Name of person giving
Information*Harry Ross*How related
to deceased

CAUSES OF DEATH

Primary

Immunities

How long

4 months

Immediate

Exhaustion

How long

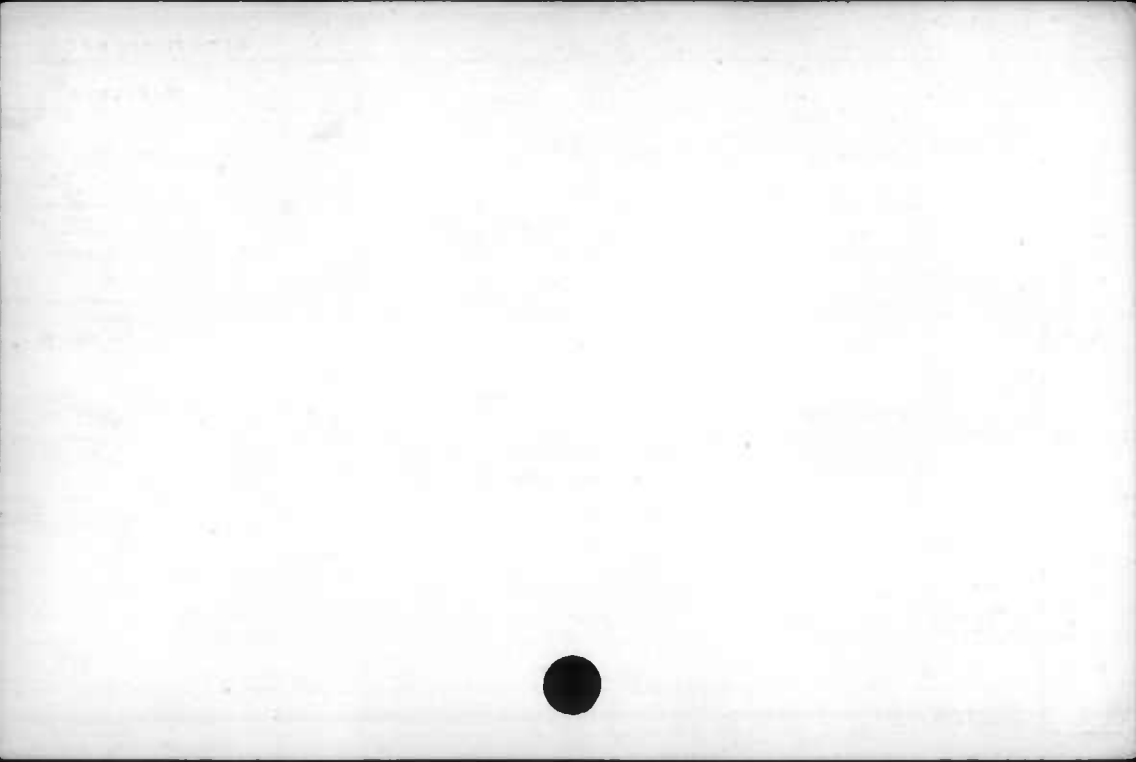
*Few days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Enoch George Hill*

Address

*Dublin**Caroline Co**Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full


Esther Seward.

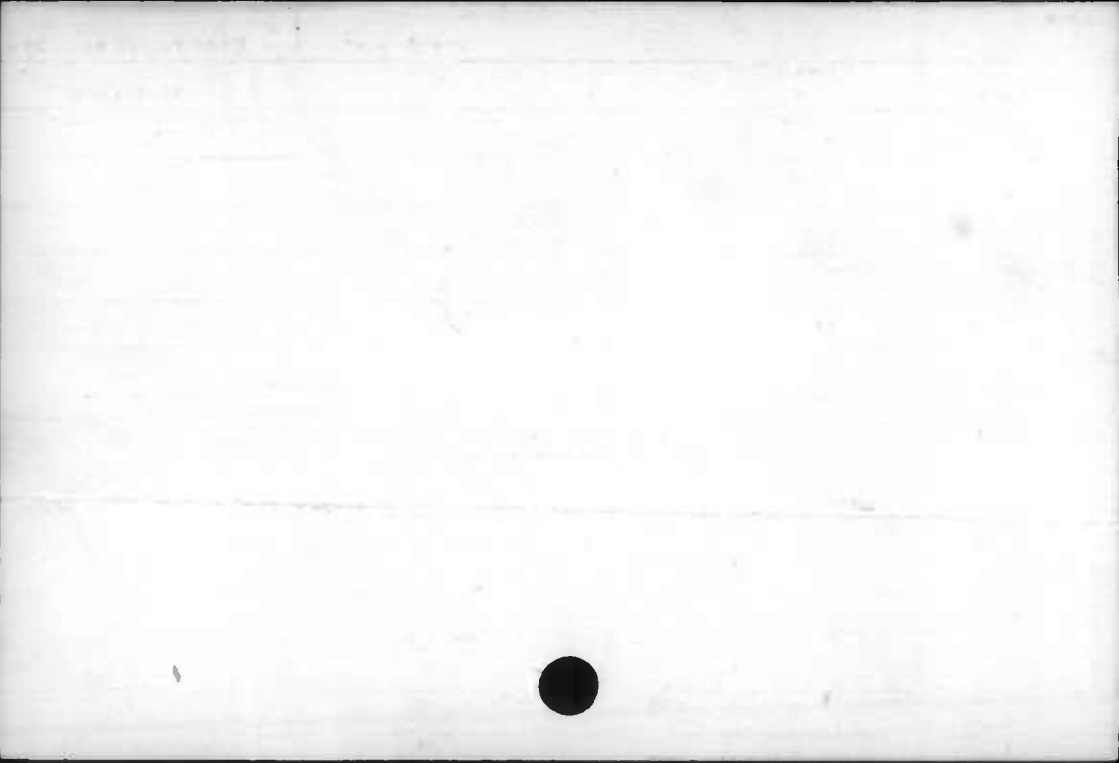
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goldsboro</u>		County <u>Caroline</u>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	1	30	1	2	29
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>James O Seward.</u>			Father's Birthplace <u>Maryland.</u>		
Mother's Maiden Name <u>Saura Burns</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>James A Seward</u>			How related to deceased <u>Father</u>		

PHYSICIAN
OR CORONER

<p>CAUSES OF DEATH</p> <p>Primary <u>Child died while parents were away from home.</u></p> <p><u>Natural causes</u></p>		<p>How long <u>12 hours</u></p> <p>How long <u>12 hours</u></p>
<p>Immediate</p> <p>Are the name, age, sex, color, date and place correctly given above?</p>		<p>Signature of Physician <u>Wm J Cooper Coroner</u></p> <p>Address </p>
<p>Accident or Suicide</p>		



Name
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Full

A. B. Smith Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

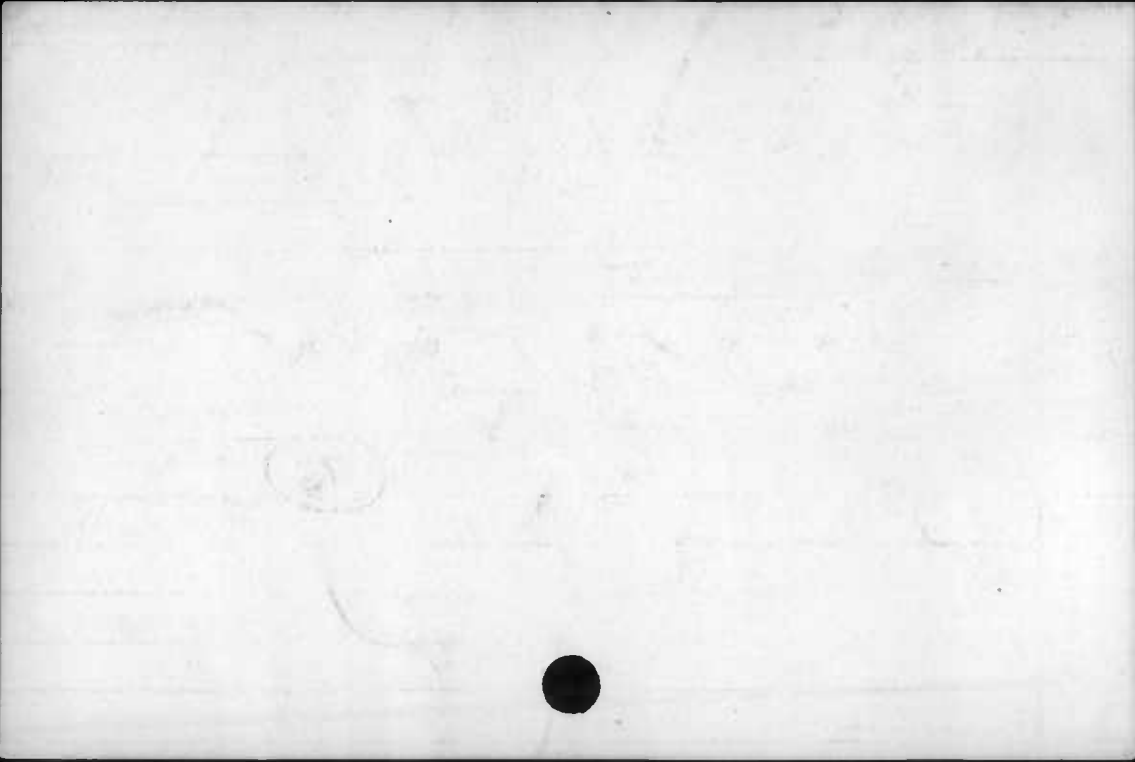
Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Jan</i> ^{Month}	<i>30</i> ^{Day}	Age <u> </u> ^{Years}	<i>3</i> ^{Months}	<i>16</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed		Name of Wife or <u>Husband</u>			
Father's Name <i>Asbury B. Smith</i>			Father's Birthplace <i>Del.</i>		
Mother's Maiden Name <i>Mrs. Melbourn</i>			Mother's Birthplace <i>Del.</i>		
Name of person giving information <i>A. B. Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md</i>
Accident or Suicide? <u> </u>	



Name Wm. Milbourn Smith		CERTIFICATE OF DEATH				
Died at <u>Ridgely</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND		
Date of death <u>1909</u>	<u>Jan</u> ^{Month}	<u>29</u> ^{Day}	Age <u>—</u> ^{Years}	<u>3</u> ^{Months}	<u>13</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ridgely Md.</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>—</u>				
Father's Name <u>Anlay B. Smith</u>			Father's Birthplace <u>W. Va.</u>			
Mother's Maiden Name <u>Marne C. Milbourn</u>			Mother's Birthplace <u>W. Va.</u>			
Name of person giving information <u>Anlay B. Smith</u>			How related to deceased <u>Father</u>			
CAUSES OF DEATH			93			
PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>	How long <u>3 days</u>				
	Immediate <u>Exhaustion</u>	How long <u>12 hours</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. C. Madara</u>			
			Address <u>Ridgely Md.</u>			
Accident or Suicide? <u>—</u>						



Name
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Full

CERTIFICATE OF DEATH

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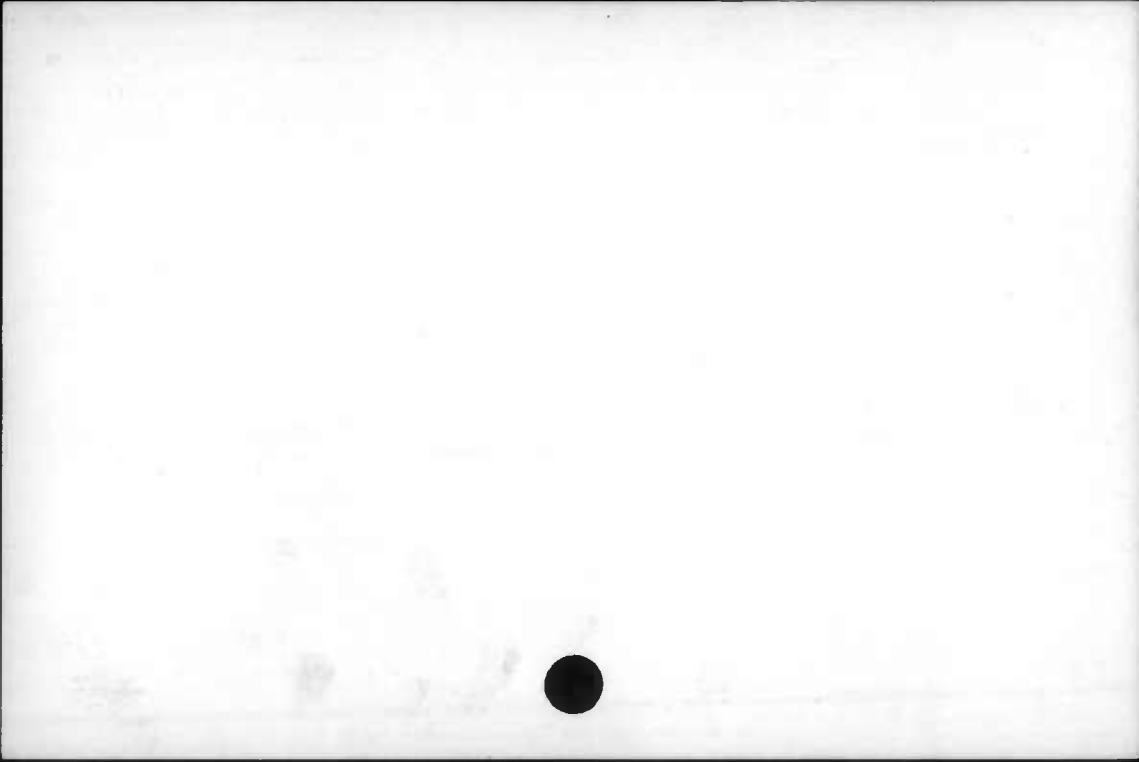
Died at <i>Near Hynson</i>		Town <i>Sperry</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>5</i>	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth place <i>Near Hynson</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Harrison Winfield Sperry</i>			Father's Birthplace <i>Hynson Md</i>				
Mother's Maiden Name <i>Lulu Webb</i>			Mother's Birthplace <i>Bethesda Md</i>				
Name of person giving Information <i>Harrison W Sperry</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Dont know</i>	How long <i>5 days</i>
Immediate	<i>Dont know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>L. Noble</i>
		Address <i>Boston Md</i>
Accident or Suicide		



Name
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CERTIFICATE OF DEATH

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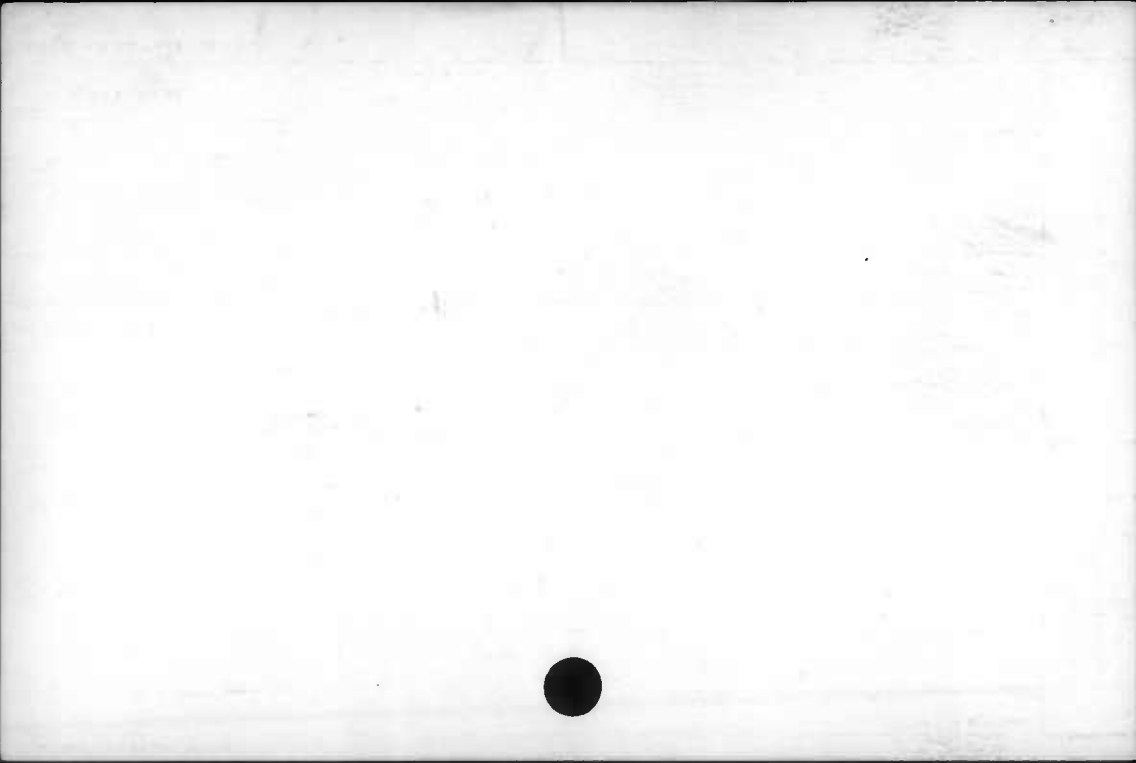
Died at <i>Brenton</i>		Town <i>Brenton</i>		County <i>Comline</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>24</i>		Years <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Comline Co.</i>		Months <i>—</i>	
Occupation <i>Chord Girl</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Wife</i>		Name of Wife or Husband <i>John W. Fisher</i>		Father's Birthplace <i>MD</i>			
Father's Name <i>John W. Fisher</i>		Mother's Maiden Name <i>Harriet Bell</i>		Mother's Birthplace <i>MD</i>			
Name of person giving Information <i>James E. Bell</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 months</i>
Immediate <i>Head Failure</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. W. Nichols</i>
	Address <i>Brenton MD</i>
Accident or Suicide	



Name
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Full

Annie Rilly-White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

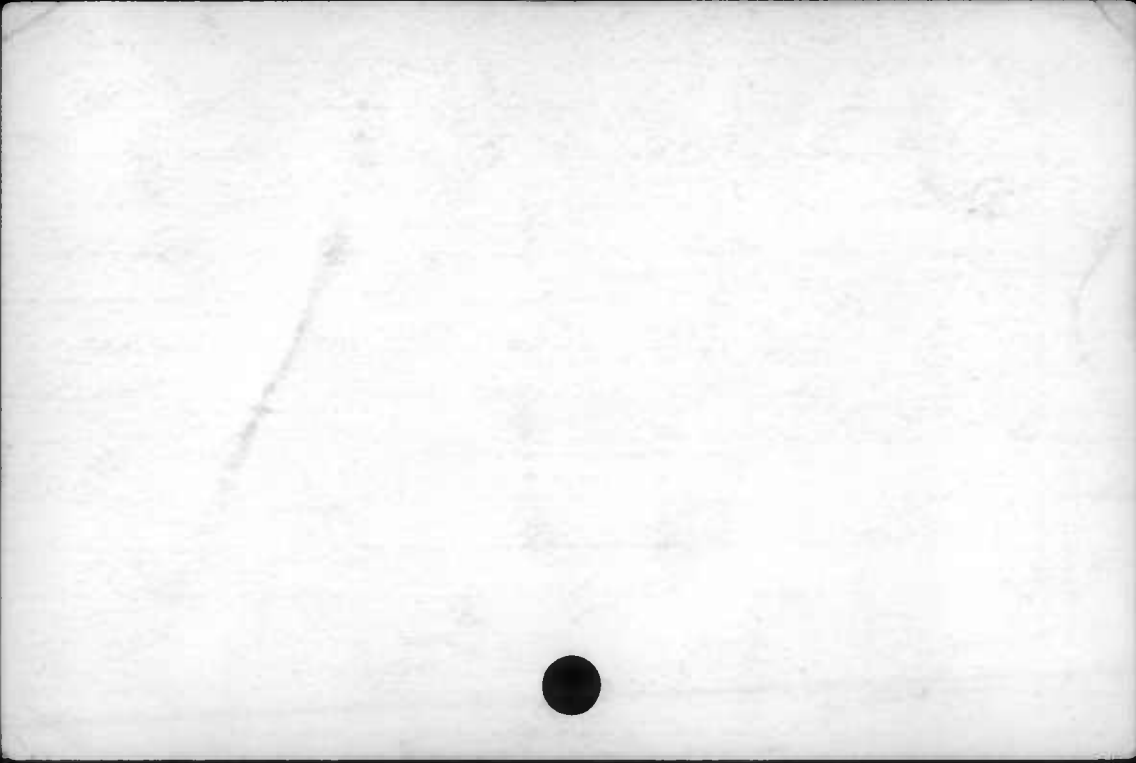
Died at <i>Greensboro</i>		Town		County <i>Caroline</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Jan</i>	Day <i>22</i>	Age <i>47</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>				
Occupation <i>House work</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Henry White</i>					
Father's Name <i>Nathan Mattee</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Jane Elizabeth Smith</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Charles Henry White</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Two years</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Only saw case recently - Will have house fumigated</i>	Signature of Physician <i>W. J. Foldsbrough M.D.</i>
Accident or Suicide	Address <i>Greensboro, N.C.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Carrollton C. Haggins

Town

County

Died at Denton

Caroline

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

1

20

Age

16

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Huaband

None

Father's
Name

J. W. Haggins

Father's
Birthplace

Md

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Harry Thawley

How related
to deceased

Friend

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

About 8 months

Immediate

Same

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

P. R. Fisher

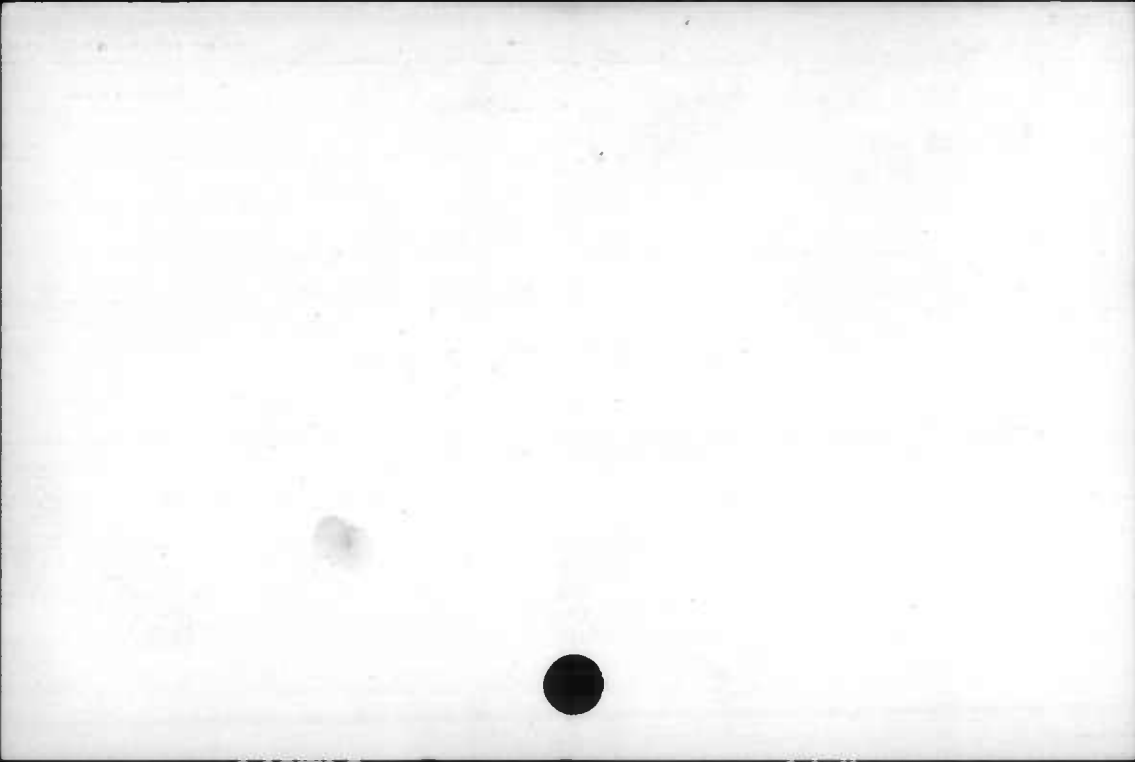
Address

Denton

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Cudley St Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND		
Date of death	<i>1909</i> <small>Year</small>	<i>Jan</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>25</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>17</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ny</i>			
Occupation <i>farmer</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Ann Young</i>					
Father's Name <i>James A Young</i>	Father's Birthplace <i>Ny</i>					
Mother's Maiden Name <i>Charlotte Fox</i>	Mother's Birthplace <i>Ny</i>					
Name of person giving information <i>Mary A Young</i>	How related to deceased <i>wife</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalburg Md</i>
Accident or Suicide?	

